

**AUGUSTA-RICHMOND COUNTY
1815 MARVIN GRIFFIN ROAD
AUGUSTA, GA 30906**

ALCOHOLIC BEVERAGE CATERING APPLICATION

ALCOHOL ACCOUNT NUMBER _____ YEAR _____

TOTAL CATERING LICENSE FEE \$ _____

1. NAME OF BUSINESS _____

2. BUSINESS ADDRESS _____

3. CITY _____ STATE _____ ZIP CODE _____

4. APPLICANT NAME AND ADDRESS _____

5. BUSINESS PHONE () _____ HOME PHONE () _____

6. AUGUSTA RICHMOND COUNTY ALCOHOL LICENSE # _____
LICENSE YEAR _____

7. AUGUSTA RICHMOND COUNTY BUSINESS LICENSE # _____
LICENSE YEAR _____

8. ARE YOU FAMILIAR WITH GEORGIA AND AUGUSTA RICHMOND COUNTY LAWS
REGARDING THE CATERING OF ALCOHOL BEVERAGE, IF YES PLEASE INITIAL _____.

APPLICANT SIGNATURE

DEPARTMENT RECOMMENDATIONS	APPROVE	DENY	COMMENT
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ALCOHOL INSPECTOR	_____	_____	_____
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SHERIFF DEPARTMENT	_____	_____	_____
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COMMENT: _____